## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 CLAIMS AS FILED - PART I (Column 1) (Column 2)

| Application or Docket Number |
|------------------------------|
| 10792305                     |
| 10/92300                     |
| A0481019                     |

| (Column 1) (Column 2)   |  |  |               |                                   |                           |                                   |             | SMALL ENTITY TYPE  |                        |      | OTHER THAN<br>OR SMALL ENTITY |                        |
|---|--|--|---------------|-----------------------------------|---------------------------|-----------------------------------|-------------|--------------------|------------------------|------|-------------------------------|------------------------|
| TOTAL CLAIMS  |  |  | 20            |                                   |                           |                                   |             | RATE               | FEE                    | 7    | RATE                          | FEE                    |
| FOR   |  |  | NUMBER FILED  |                                   | NUME                      | ER EXTRA                          |             | BASIC FEE          | 385.00                 | OR   | BASIC FEE                     | 770.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |  | /^            | nus 20=                           | . 10                      | : 10                              |             | X\$ 9=             |                        | OR   | X\$18=                        |                        |
| _   | DEPENDENT C                                    |  |               | inus 3 =                          | 0                         |                                   |             | X43=               |                        | OR   | X86=                          |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |  |               |                                   |                           |                                   |             | +145=              |                        | OR   | +290=                         | •                      |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |  |               |                                   |                           |                                   |             | TOTAL              |                        | OR   | TOTAL                         | 730                    |
| CLAIMS AS AMENDED - PART II   |  |  |               |                                   |                           |                                   |             |                    |                        |      | OTHER                         | THAN                   |
| _   |  | (Column 1)                                 | (Column 2)    |                                   |                           | (Column 3)                        |             | SMALL              | ENTITY                 | OR   | SMALL                         | ENTITY                 |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |               | HIGHI<br>NUME<br>PREVIO<br>PAID F | BER<br>BUSLY              | PRESENT<br>EXTRA                  |             | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •  | Minus         | <b>370</b>                        |                           | œ                                 |             | X\$ 9=             | •                      | OR   | X\$18=                        |                        |
| AME   | Independent                                    | NTATION OF MI                              | Minus         | PENDENT                           | CLAIM                     | -                                 |             | X43=               | • .                    | OR   | X86=                          |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |  |               |                                   |                           |                                   |             | +145=              |                        | OR   | +290=                         |                        |
|   |  |  |               |                                   |                           |                                   |             | TOTAL<br>DDIT, FEE |                        | OR   | TOTAL<br>ADDIT, FEE           |                        |
|   |  | (Column 1)                                 |               | (Colum                            | ın 2)                     | (Column 3)                        | _           |                    |                        |      |                               |                        |
| AMENOMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  | ٠             | HIGHE<br>NUMB<br>PREVIO<br>PAID F | IER<br>USLY               | PRESENT<br>EXTRA                  |             | RATE               | ADDI-<br>TIONAL<br>FEE |      | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •  | Minus         | ••                                |                           |                                   |             | X\$ 9=             |                        | OR   | X\$18=                        |                        |
|   | Independent                                    | *<br>NTATION OF MU                         | Minus         | SALDENT.                          | CI A114                   |                                   |             | X43=               |                        | OR   | X86=                          |                        |
|   | ·  | NATION OF MO                               | CIPLE DEP     | CNDENT                            | CLAIM                     |                                   |             | +145=              |                        | OR   | +290=                         |                        |
|   |  |  | TOTAL         |                                   | OR ;                      | TOTAL                             |             |                    |                        |      |                               |                        |
|   | •  | A  | DDIT. FEE L   | •                                 |                           | WDIT. FEEL                        | <del></del> |                    |                        |      |                               |                        |
|   | `  | (Column 1)                                 |               | (Colum<br>HIGHE                   |                           | (Column 3)                        | _           | ·                  |                        |      | ·                             |                        |
| MEN   |  | REMAINING<br>AFTER<br>AMENDMENT            | _             | PREVIOU<br>PAID F                 | JSLY                      | PRESENT<br>EXTRA                  | l           |                    | ADDI-<br>TONAL<br>FEE  | .    | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •  | Minus         | ••                                |                           | =                                 |             | X\$ 9=             |                        | OR   | X\$18=                        |                        |
|   | Independent                                    |  | Minus         | ***                               |                           | =                                 |             | X43=               |                        | t    | X86=                          |                        |
| <u> </u>  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |               |                                   |                           |                                   |             | A43=               |                        | OR   | A00=                          |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |  |               |                                   |                           |                                   |             | +145=              |                        | OR   | +290=                         |                        |
| <b>~</b> H  | the "Highest Nur                               | nber Previously Pai                        | d For IN THIS | SPACE is I                        | less than                 | 20. enter "20."                   | · AD        | TOTAL<br>DIT. FEE  |                        | OR A | TOTAL<br>DOT. FEE             |                        |
| T   | he "Highest Num                                | mber Previously Pai<br>ber Previously Paid | For (Total or | Independen                        | iess than<br>it) is the l | i 3, enter "3."<br>highest number | found       | in the appr        | opriate box            |      |                               |                        |